BMC2 Vascular Surgery Open Abdominal Aneurysm Repair (OAAA)

Procedure Information for Vascular Intervention

Physician ______________________ **Fellow ID/Second Operator** ______________________

Procedure Date __________ **Start Time** ________ **Procedure End Date** __________ **End Time** ________

Status of Procedure ○ Elective ○ Urgent ○ Emergent **Staged Procedure** Y / N

Consultations

Cardiology Consultation Y / N
Pulmonary Consultation Y / N
Primary Care/ Internal Medicine Y / N
Hematology Consultation Y / N
Renal Consultation Y / N

Imaging Studies Within past 6 months

Right Pre-Procedure ABI	Y / N	Compressible Y / N Value ________
Left Pre-Procedure ABI	Y / N	Compressible Y / N Value ________
Right Pre-Procedure TBI	Y / N	Value ________
Left Pre-Procedure TBI	Y / N	Value ________
Right Pre Procedure Toe Pressure	Y / N	Value ________
Left Pre Procedure Toe Pressure	Y / N	Value ________
Vein Mapping	Y / N	Min Vein Graft Dia Value________ ND
Duplex Ultrasound	Y / N	Normal Abnormal
CTA	Y / N	Normal Abnormal
MRI/MRA	Y / N	Normal Abnormal
Contrast Cineangiography	Y / N	Normal Abnormal
Cardiac Stress Test	Y / N	Normal Abnormal
Electrocardiogram	Y / N	Normal Abnormal
Chest X-Ray	Y / N	Normal Abnormal

Labs Pre Procedure

Creatinine ______________ mg/dl ND

Hemoglobin ______________ g/dl ND

BNP ______________pg/mL No

Troponin Y / ND

I ________ **Units**________ **No**

T ________ **Units**________ **No**

I HS________ **Units**________ **No**

T HS________ **Units**________ **No**

Labs Post Procedure

Peak Creatinine ______________ mg/dl ND

Nadir Hemoglobin ______________g/dl ND

Labs Other

Albumin ______________g/dl ND

Medication During Procedure	Pre	During	Post	C/I		Pre	During	Post
Aspirin					**Protamine**			
Clopidogrel (Plavix)					**Bivalirudin (Angiomax)**			
Prasugrel (Effient)					**Thrombolytics**			
Ticagrelor (Brilinta)					**Sodium Bicarb Infusion**			
IV Nitroglycerin								
IV Heparin/Unfractionated Heparin								

BMC2 Vascular Surgery Open Abdominal Aneurysm Repair (OAAA)

Medication During Procedure	Pre	During	Post
Saline Infusion <1hr			
Saline Infusion 1-3 hrs			
Saline Infusion 3-6 hrs			
Saline Infusion >6 hrs			
LR Infusion <1 hr			
LR Infusion 1-3 hrs			
LR Infusion ≥3-6 hrs			
LR Infusion >6 hrs			

	Pre	During	Post
Other Hydration Inf <1 hr			
Other Hydration Inf 1-3 hrs			
Other Hydration Inf ≥ 3-6 hrs			
Other Hydration Inf >6 hrs			

Indications

Asymptomatic Y / N
Abdominal / Back Pain Y / N
Rapidly Increasing Aneurysm Dia Y / N
Unfit for Open AAA Repair Y / N
Unfit for General Anesthesia Y / N
Infection Y / N
Size of Iliac Aneurysm Y / N
Correction of Endoleak Y / N
Concomitant Iliac Occlusive disease Y / N
Lower Extremity Ischemia / Emboli Y / N
Documented Patient Anxiety Levels Y / N
Penetrating Ulcer Y / N
Ulcer dia________mm ND

Complication from Prior Procedure Y / N
Trauma Y / N
Mycotic aneurysm Y / N
Pre-procedure smoking cessation Y / N

- ☐ Physician delivered advice ☐ Pt ref
- ☐ NRT ☐ Pt ref
- ☐ Referral to smoking counseling services
  - ☐ Pt ref
  - ☐ Local counseling service
  - ☐ MI Quitline
  - ☐ Other counseling service

Procedure Details

Prior Family History of AAA Y / N

Prior Aortic Surgery Y / N
- o Year __________
- o AAA (Infrarenal)
- o SAAA (Suprarenal)
- o Bypass
- o Other (Endart or Other)

Maximum AAA Dia________mm ND

Iliac Aneurysm Y / N________mm
- o Unilateral
- o Bilateral

Aneurysm Location Y / N
- o Infrarenal
- o Juxtarenal
- o Suprarenal
- o ND

Aneurysm Anatomy Y / N
- o Fusiform
- o Saccular
- o Both
- o ND

Contained Rupture Y / N

Ruptured AAA* Y / N

Lowest Pre-Intubation BP* ND
______________mmHg

Mental Status* ND
- o Normal (alert and oriented)
- o Disoriented to person, place or time
- o Unconscious

Cardiac Arrest* Y / N

Timeframe Sxs to Incision* ND
__________hrs

Timeframe Adm to Incision* ND
__________Hrs

Abdomen Explored* Y / N

Conversion from Endo Repair Y / N
- o Immediate
- o >1 day to 30 days
- o >30 days

Exposure
- o Transperitoneal
- o Retroperitoneal

Distal Anastomosis
- o Aorta
- o Common Iliac artery (CIA)
- o External Iliac artery (EIA)
- o Common Femoral Artery (CFA)
- o Graft Not Utilized

Graft Body Diameter __________mm
- o ND
- o Graft Not Utilized

Graft Type
- ☐ Dacron
- ☐ PTFE
- ☐ Graft Not Utilized
- ☐ Allograft
- ☐ Other

Renal Status Y / N / ND
- ☐ Patent, No Intervention
- ☐ Chronically Occluded
- ☐ Purposely Occluded
- ☐ De-Branch / Bypass
- ☐ Stent
- ☐ Chimney
- ☐ Fenestrated / scallop
- ☐ Side Branch from Graft
- ☐ Accessory Renal Artery Covered

Anastomotic Felt Reinforcement Y / N

Hypogastric ligated / occluded Y / N
- Single
- Both

Proximal Clamp Position
- Infrarenal
- Above 1 renal
- Above both renal
- Supraceliac
- Clamp not utilized

IMA at Completion
- Occluded
- Ligated
- Re-implanted
- Patent
- Graft Not Utilized
- ND

Renal/Visceral Ischemic Time

________**mins**
- ND
- Clamp not utilized

Intra-Op Graft Revision Y / N

Cold Renal Perfusion Y / N

Mannitol admin during proc Y / N

Closure for Open Exposure
- ☐ Suture
  - ☐ Absorbable
  - ☐ Permanent
- ☐ Staples
- ☐ Delayed
- ☐ Other

Anesthesia Type
- Local
- Epidural
- Regional
- Spinal
- General
- Epidural + General
- MAC

Antibiotics Pre Procedure Y / N
- Cefazolin
  - Redosed (Q4 hours) Y / N
- Clindamycin
  - Redosed (Q6 hours) Y / N
- On scheduled antibiotic
- Other

Skin Preparation
- ☐ Chlorhexidine
- ☐ Alcohol
- ☐ Iodine
- ☐ Chlorhexidine + Iodine
- ☐ Chlorhexidine + Alcohol
- ☐ Iodine + Alcohol

Contraindicated to Chlorhexidine & Alcohol Skin Preparation Y / N

Glucose Peak________mg/DL ND

Nadir Body Temp________Celsius ND

Crystalloids________ml ND

EBL________ml ND

ASA Class________ Does not apply

Contrast Types
- ☐ Nonionic, low-osmolar
- ☐ Nonionic, Iso-osmolar
- ☐ Ionic, hyperosmolar
- ☐ Ionic, low-osmolar
- ☐ Unknown/Investigational
- ☐ Gadolinium
- ☐ Carbon Dioxide (CO_2)
- ☐ None

Total IV Contrast Used________ml ND

Heparin Administered Y / N

Total Heparin Dosage________units ND

Peak Intra-Operative ACT________Sec ND

End of Procedure ACT________Sec ND

Locations **Choose Vessel Location from drop down menu on website.**

Vessel Location ____________________

Lesion Segment Area
- Proximal
- Mid
- Distal
- Diffuse
- ND

PVI Procedure Performed

☐ Asp-Ather	☐ Lys
☐ M-Throm	☐ ND
☐ BA	☐ NW
☐ Cryo-B	☐ Oth-Ather
☐ CTO Device	☐ Open Endart
☐ CB	☐ Open Thromb
☐ D-Ather	☐ R-Ather
☐ DPD-B	☐ Re-Ent-Cath
☐ DPD-F	☐ Research
☐ DCB	☐ S-BA
☐ FW	☐ Stent
☐ Inf-Cath	☐ Thromb-Asp
☐ IVUS	☐ Vasc Emb
☐ L-Ather	

Bypass Graft Y / N **Type** Syn/Vein/ND

Graft Origin ____________________

Graft Insertion ____________________

Lesion Length ____________________ mm

Heavy Calcium Y / N

Vessel Location ____________________

Lesion Segment Area
- Proximal
- Mid
- Distal
- Diffuse
- ND

PVI Procedure Performed

☐ Asp-Ather	☐ Lys
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☐ BA	☐ NW
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Bypass Graft Y / N **Type** Syn/Vein/ND

Graft Origin ____________________

Graft Insertion ____________________

Lesion Length ____________________ mm

Heavy Calcium Y / N

In-stent restenosis Y / N

Thrombus Y / N

Pre/Post stenosis __________/_______%

Final balloon dia __________________mm

In-stent restenosis Y / N

Thrombus Y / N

Pre/Post stenosis __________/_______%

Final balloon dia ______________________mm

In-stent restenosis Y / N

Thrombus Y / N

Pre/Post stenosis __________/_______%

Final balloon dia _________________________mm

Stents

Stent Name _________________________

Stent Dia _________________________mm

Stent Length ______________________mm

Stent Name ______________________________

Stent Dia _____________________________mm

Stent Length __________________________mm

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Stent Dia _____________________________mm

Stent Length __________________________mm

Vascular Access

Vascular Access Site __________________

Vascular Access Type
- Percutaneous
- Surgical Cut down

Vessel Accessed
- Native Artery
- Bypass Graft

Access Guidance Y / N
- Fluoroscopy
- Ultrasound

Access Approach
- Antegrade
- Both
- Retrograde

Sheath Size _____________________French

Sheath Removed Y / N
- ☐ Manual (No device)
- ☐ Perclose
- ☐ Angioseal
- ☐ Mynx
- ☐ Starclose
- ☐ Surgical
- ☐ Exoseal
- ☐ Boomerang
- ☐ Compression Device
- ☐ Hemostatic Patch
- ☐ FISH
- ☐ Vascade

Sheath removal
- 0-3 hours
- 3-24 hours
- >24 hours

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Sheath removal
- 0-3 hours
- 3-24 hours
- >24 hours

Outcomes During Procedure

☐ **No Outcomes During Procedure**

Death Y / N
- Cardiovascular
- Hemorrhage
- Multi System Organ Failure
- Other
- Unknown Cause of Death

Dissection (Not Repaired) Y / N

Myocardial Infarction Y / N

Cardiac Arrest Y / N

Embolus Y / N
- Successful
- Unsuccessful

Thrombus Y / N

Stent/Graft Thrombosis Y / N
- Successful
- Unsuccessful

Vessel Perforation Y / N
- Successful
  - ☐ Balloon
  - ☐ Covered Stent
  - ☐ Bare Metal Stent
  - ☐ External Compression
  - ☐ Reversal of Anticoagulation
  - ☐ No Treatment
- Unsuccessful

TIA/Stroke Y / N

Transfusion Y / N
- ☐ PRBC #Units________
- ☐ Platelets
- ☐ FFP
- ☐ Other

Vascular Access Complications Y / N
- ☐ Retroperitoneal hematoma
- ☐ Pseudo-aneurysm
- ☐ Hematoma at access site
- ☐ Bleeding at access site
- ☐ AV fistula
- ☐ Acute Thrombosis
- ☐ Surgical repair of the vascular access site
- ☐ Other

Amputation Y / N

LT **RT**

Hip disarticulation

AKA BKA Foot Metatarsal Digit

Compartment Syndrome Y / N

Outcomes Post Procedure

☐ **No Outcomes Post Procedure**

Death Y / N
- Cardiovascular
- Hemorrhage
- Multi System Organ Failure
- Other (neuro, renal, liver, GI, CA)
- Unknown of death

Comfort Care Implemented Y / N

Date________

Stay in ICU Y / N ________#days

Vasopressors Post-Op Y / N

Respiratory
- ☐ Ventilator (cont. after leaving OR)
- ☐ Reintubation (after initial intub)
- ☐ None

Myocardial Injury Y / N

Date________
- Acute MI
- Type 2 MI
- Type 1 NSTEMI
- STEMI
- ND

Peak post-operative troponin value

Y / ND

I ___________ **Units**________ No

T ___________ **Units**________ No

I HS_________ **Units**________ No

T HS________ **Units**________ No

Dysrhythmia Y / N **Date**________

CHF Y / N **Date**________

TIA/Stroke Y / N **Date**________

Infection/Sepsis Y / N Date____________
- ☐ Access site
- ☐ Central line/IV
- ☐ Blood
- ☐ Graft infection
- ☐ Pulmonary
- ☐ UTI
- ☐ Wound site
- ☐ Unknown

New Requirement for Dialysis Y / N

Date________

Transfusion Y / N

- ☐ PRBC
  #Units________

  Date________
  - Hgb prior to txf Y / N / ND
    - Hgb value ________ mg/dL
  - Symptomatic before txf Y/N
    - ☐ Angina
    - ☐ Hypotension
    - ☐ Tachycardia
    - ☐ EKG Changes
    - ☐ Shortness of Air
    - ☐ Bleeding
    - ☐ Cancer/Chronic Anemia
- ☐ Platelets
- ☐ FFP
- ☐ Other

Vascular Access Complications Y / N
- ☐ Retroperitoneal hematoma
- ☐ Pseudo-aneurysm
- ☐ Hematoma at access site
- ☐ Bleeding at access site
- ☐ AV fistula
- ☐ Acute thrombosis
- ☐ Surgical repair of the vascular access site
- ☐ Other

Compartment Syndrome Y / N

Date________

Embolus Y / N Date________
- Successful
- Unsuccessful

Thrombus Y / N **Date** ________

Stent / Graft Thrombosis Y /N Date________
- Successful
- Unsuccessful

Amputation Y / N Date________

LT **RT**

Hip disarticulation

AKA BKA Foot Metatarsal Digit

Return to OR Y / N Date________
- ☐ Bleeding
- ☐ Renal Ischemia
- ☐ Endoleak
- ☐ Infection
- ☐ Graft Revision
- ☐ Other

Bowel Ischemia Y / N Date________
- ☐ Medical Treatment
- ☐ Surgical Treatment